



Account Additions/Deletions Request Form

IN.gov Account Number: _____

Name of Business: _____

Administrator Name: _____ E-mail Address: _____

Administrator Signature: _____

Deletions

Name:

Username:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additions

Name:

E-mail Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: An IN.gov annual fee is due for each increment of ten (10) users. Please refer to the Terms and Conditions in the IN.gov Account Agreement Packet.

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